DESI AVAILABLE CUPT

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001										Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1)						(Column 2) SMAL			EN	T Y	OR	OTHER SMALL E			
TOTAL CLAIMS			5					RAT	Ε	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			5 minus 20=		. •			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS					*	2		X42=			OR	X84=			
MUL	TIPLE DEPEND	ENT CLAIM PF	RESENT					+140=			OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL			
CLAIMS AS AMENDED - PART II												OTHER			
7	1/10	(Column 1) CLAIMS			mn 2) HEST	(Column 3)			SMALL E		OR I I	SMALLE			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUN PREVI	ABER OUSLY FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	• 5	Minus	**		=		X\$ 9	=(OR	X\$18=			
MEN	Independent	· 0	Minus	***	5	= /		X42	=		OR	X84=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140)=.	. ,	OR	+280=			
•								ADDIT.	TAL		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)								ADDII.	ree	.		ADDIT. I LL			
	CLAIMS		HIG		HEST		1			ADDI-	1		ADDI-		
AMENDMENT B	:	REMAINING AFTER AMENDMENT		PREV	MBER NOUSLY D FOR	PRESENT		RAT	Έ	TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	**		=		X\$)=		OR	X\$18=			
ME	Independent	*	Minus	***	= <u></u>	-	4	X42	!=		OR	X84=	-		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+14)=		OR	+280=			
								ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)															
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	MEST MBER MOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
O M	Total	*	Minus	**		=		X\$:	 9=		OR	X\$18=			
	Independent	•	Minus	sta		=	_	X42	 }=		OR	X84=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								0=		OR	+280=			
* If the entry in column 1 is less than the intry in column 2, write "0" in column 3.											OR	TOTAL			
"If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR ADDIT. FEE												<u> </u>			
	The *Highest Nur	nber Previously P	aid For" (Total o	r Indepe	ndent) is th	e highest num	nder f	ound in t	ne aş	obtobuste po	x in c	olumn 1.			